

MINOR PARTY PRIMARY DESIGNATION PETITION

WARNING:
IT IS AGAINST THE LAW:

- For anyone to sign this petition with any name other than one’s own or to knowingly sign one’s name more than once for the same candidate or to knowingly sign the petition when not a registered elector.
- Do not sign this petition unless you are an eligible elector. To be an eligible elector you must be registered to vote and eligible to vote in _____ elections.
(Name of political subdivision)
- Do not sign this petition unless you have read or have had read to you the proposed nomination petition in its entirety and understand its meaning.

PETITION TO NOMINATE _____ THE OFFICE OF _____
Name of person sought to be elected Title of Office/District #

We, the undersigned registered electors of the State of Colorado representing the _____,
Name of political subdivision

Hereby nominate _____, who resides at _____
Printed Name of Candidate Street Name & Number City/Town/Zip County

For the office of _____ to be voted for at the Primary Election to be held on _____
Title of Office/District # Month/Day/Year

I am an eligible elector in the district mentioned in this petition as shown on the registration books of the county clerk and recorder.
I have not signed any other petition for any other candidate for the same office.

1	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
2	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
3	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
4	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
5	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
6	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
7	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
8	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
9	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
10	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing

AFFIDAVIT OF CIRCULATOR

I, _____, (Printed Name of Circulator) being duly sworn, depose and say that I was an eligible elector and eligible to vote in the political subdivision in which the petition was circulated and signed by the listed electors; and that I am a registered elector in the district mentioned in the petition at the time the petition was circulated as shown on the registration books of the county clerk and recorder; that I circulated the section of the petition; that each signature on the petition section is the signature of the person whose name it purports to be; that to the best of my knowledge and belief each of the persons signing the petition section was, at the time of signing, an eligible elector in the district mentioned in the petition; and that I have not paid or will not in the future pay and that I believe that no other person has paid or will pay, directly or indirectly, any money or other thing of value to any signer for the purpose of inducing or causing the signer to sign the petition.

Signature of Circulator Residence Address (Street & Number) City/Town/Zip County Date of Signing

STATE OF COLORADO, COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____

(SEAL)

Signature/Title of Official Administering Oath

My Commission Expires: _____